

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??:

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CELL PROLIFERATION ASSOCIATED WITH
CCX CKR EXPRESSION

Attorney Docket Number:: 019934-003800US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: FIG. 3

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yu
Middle Name::
Family Name:: Wang
Name Suffix::
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 235 Isleford Ln
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Brett
Middle Name::
Family Name:: Premack
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 155 Jackson, #2008
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94111

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name::
Family Name:: Schall
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 563 Homer Avenue
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94301

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: ChemoCentryx, Inc.
Street of mailing address:: 1539 Industrial Road
City of mailing address:: San Carlos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94070